

Student Application for Mentor Program

SPP USE ONLY:

Date Rec'd: _____
Student ID # _____

Personal Information Notice

Pursuant to the Federal Privacy Act (PL 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The required personal information is voluntary. The principal purpose of the voluntary information is to facilitate the process of this application. The failure to provide all or any part of the requested information may result in the inability to process your application. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

_____ is responsible for maintaining volunteer records and will, upon receipt of a written request, provide information regarding records to Individuals. Please address inquiries to:

Personal Information

First Name		MI	Last Name	
Date of Birth (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnic Category (Please check the box that best describes your race/ethnicity): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Filipino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other, Specify: _____				
Physical Address		City	State	Zip
Mailing Address		City	State	Zip
Home Telephone Number		E-mail address		
Father/Guardian's Name		Occupation	Work Number	
Mother/Guardian's Name		Occupation	Work Number	
Emergency Contact		Relationship	Home Phone	Work Phone
In addition to English, list any other languages you speak (Check all that apply): <input type="checkbox"/> Cantonese/Chinese/Mandarin <input type="checkbox"/> Mien <input type="checkbox"/> Russian <input type="checkbox"/> Tagalog <input type="checkbox"/> Hmong <input type="checkbox"/> Romanian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other: _____				

School Information

Name of School		Grade Level	Counselor Name
List the classes you are taking this year:			
	Class	Teacher	
0			
1			
2			
3			
4			
5			
6			
7			
What are your favorite subjects in school (Check all that apply): <input type="checkbox"/> English <input type="checkbox"/> Drama <input type="checkbox"/> Social Studies/History <input type="checkbox"/> Other: _____ <input type="checkbox"/> Math <input type="checkbox"/> PE <input type="checkbox"/> Home Economics <input type="checkbox"/> Science <input type="checkbox"/> Art <input type="checkbox"/> Computers			

Continued on reverse side

School Information (continued)

What subjects do you feel you need help with (Check all that apply):

- | | | | |
|----------------------------------|--------------------------------|---|---------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Drama | <input type="checkbox"/> Social Studies/History | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Math | <input type="checkbox"/> PE | <input type="checkbox"/> Home Economics | |
| <input type="checkbox"/> Science | <input type="checkbox"/> Art | <input type="checkbox"/> Computers | |

What was your GPA last semester?

How many days of school did you miss last semester?

How many times were you late to class last semester?

Your Interests

Please check your interests or hobbies:

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Computers | <input type="checkbox"/> Reading | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Clubs | <input type="checkbox"/> Performing Arts | <input type="checkbox"/> Sports/Athletics | |

Do you participate in any extracurricular activities outside of school (i.e., boy/girl scouts, youth programs, etc.)? If yes, explain:

What is your career goal or what types of careers interest you?

Do you plan on attending college after you graduate?

☐ Yes ☐ No

What would you like to learn more about or become better at with the help of a mentor?

Favorites

What is your favorite:

Food	
Color	
Book	
Movie	
Music Group	
Song	
Person	

Match Information

What day of the week are you available to meet with your mentor? (Check all that apply):

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

What is the best time for you to meet with your mentor? (Check all that apply):

- ☐ Mornings ☐ Afternoon ☐ Evenings ☐ Weekends

Check the school-related activities you would like to do with a mentor (Check all that apply):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Computer Projects | <input type="checkbox"/> Holiday Events | <input type="checkbox"/> Music Programs |
| <input type="checkbox"/> Art Projects | <input type="checkbox"/> Field Trips | <input type="checkbox"/> Improve Study Habits | <input type="checkbox"/> Reading |
| <input type="checkbox"/> College Preparation | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Job Shadow | <input type="checkbox"/> Science Projects |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Homework Assistance | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Sports |

Write down three words that best describe you?

Please read before signing:

mentee with our mentor program.

appreciates your interest in becoming a student

As a willing participant, I commit to working with my mentor through the duration of the school year, attend all scheduled meetings, and communicate on a weekly basis. Should I be unable to keep a meeting with my mentor, I will call in advance to reschedule. I agree to develop personal and academic goals with my mentor and to be open to feedback. In the event that I wish to discontinue for any reason, I will notify the Mentor Program Coordinator and discuss this before discontinuing.

Please attach: Teacher Recommendation Form
Student Activity Parent Permission Form

Student Signature

Date